

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027702

STATE FILE NUMBER

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 292

DO NOT WRITE  
ON THIS STUD

AMENDED

FILED JUL 25 1963

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b>		c. CITY OR TOWN <b>Jefferson City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>113 Pierce Street</b>	
3. NAME OF DECEASED (Type or print) First <b>LEO</b> Middle <b>FRANKLIN</b> Last <b>FRANK</b>		4. DATE OF DEATH Month <b>July</b> Day <b>22</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-19-1903</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Employed --- Tweedie Footwear Corporation</b>		11. BIRTHPLACE (City and state or country) <b>Wardsville, Missouri</b>	
13a. FATHER'S NAME <b>Daniel Frank</b>		14. NAME OF HUSBAND OR WIFE <b>Ladellia Howard Frank</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		17. INFORMANT Address <b>Mrs. Ladellia Frank, 113 Pierce St., J.C., Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MYOCARDIAL INFARCTION (?)</b> DUE TO (b) <b>OCCCLUSION, CORDONARY ARTERY</b> DUE TO (c) <b>ARTERIOSCLEROTIC HEART DISEASE</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>NONE KNOWN [SUDDEN DEATH - NO PRIOR ILLNESS]</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 MIN.</b> <b>2 MIN.</b> <b>1 YR. (?)</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>a.m.</b> Month, Day, Year		20f. CITY, TOWN, OR LOCATION COUNTY <b>Jefferson</b> STATE <b>Mo.</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from _____ to _____ and last saw him/her on <b>JULY 22, 1963</b> Death occurred at <b>1:20 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Donald Shull, M.D.</b>	
22b. ADDRESS <b>521 E. High St. Jefferson City, Mo.</b>		22c. DATE SIGNED <b>July 24, 1963</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 25, 1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>		23d. LOCATION (City, town, or county) <b>Jefferson City, Mo.</b>	
24. FUNERAL DIRECTOR <b>Buescher Memorial, Jefferson City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>24 July 1963</b>	
		26. REGISTRAR'S SIGNATURE <b>Tharun Richter</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

01-150-1113

AAA

1921-1922

1921-1922

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.